UTILITY
PATENT APPLICATION
TRANSMITTAL

PTO/SB/05 (04-04)

Approved for use through 07/31/2006, OMB 0651-0032

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(Och for now nonn)	rovisional applications under 37 CFR 1.53(b))	Express Mail Label No.				
APP	LICATION ELEMENTS 00 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450				
Fee Transmitt. (Submit an original Applicant claim See 37 CFR 1 Specification (preferred arran - Descriptive titil - Cross Referer - Statement Re - Reference to a computer - Background o - Brief Summan - Brief Descript - Detailed Descript - Detailed Descript - Abstract of th Drawing(s) (3) 5. Oath or Declaration a.	al Form (e.g., PTO/SB/17) nal and a duplicate for fee processing) ns small entity status. 1.27. [Total Pages7] gement set forth below) e of the invention noe to Related Applications garding Fed sponsored R & D sequence listing, a table, program listing appendix of the Invention of the Drawings (if filed) cription e Disclosure 35 U.S.C. 113) [Total Sheets2] n	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.				
Specification followin Continuation Prior application inform	ation: Examiner OR DIVISIONAL APPS only; The entire disclosure of art of the disclosure of the accompanying continuate and the properties of the disclosure of the accompanying continuate and the properties of the disclosure of the accompanying continuate and the properties of the disclosure of the accompanying continuate and the properties of the accompanying continuate and the	nuation-in-part (CIP) of Art the prior application, from v	prior application N Unit: which an oath or o and is hereby inc bmitted application	lo.: declaration is corporated b on parts.	s supplied under 8 by reference.	юx
Customer N	lumber:	OR	Correspo	ondence ad	idress below	
	RISTOPHER MCFADDEN					
Address 24 F	24 PORTSMOUTH STREET					_
	MBRIDGE	State MA		Zip Code	02141	
Country US		Telephone 617-413-963		Fax		
	BRIAN HENNESSEY	Registration No. (Atto	omey/Agent)	Date 05	5-14-04	
Signature	17 4	on is required to obtain or ref	toin a henefit by th	ne oublic whi	ich is to file (and by	, the

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FEE	TR	AN	SMIT	TAL
	for	FY	2004	

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

Complete if Known			
Application Number			
Filing Date			
First Named Inventor	WILLIAM FIENUP		
Examiner Name			
Art Unit			
Attorney Docket No.			

TOTAL AMOUNT OF PAYMENT	(\$) 428	Atto	rney	Docket			
METHOD OF PAYMENT (check all that apply)						CALCULATION (continued)	
Check Credit card Money Order	Other None	3. ADDIT	TION y Sm	AL FE	ES ty		l
Deposit Account:	\	Fee Fee Code (\$)	Fee	Fee		Fee Description	Fee Paid
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The Director is authorized to: (check all that	apply)	1812 2,52	20 18	12 2,52		or filing a request for ex parte reexamination	'
Charge fee(s) indicated below Charge any additional fee(s) or any under	redit any overpayments	1804 92	- 1		E	equesting publication of SIR prior to xaminer action	
Charge fee(s) indicated below, except for	the filing fee	1805 1,84	40* 18	05 1,8	40* R	Requesting publication of SIR after Examiner action	
to the above-identified deposit account.		1251 1	10 2	251	55 E	Extension for reply within first month	1 1
FEE CALCULATION	ON	,	**	252 2		Extension for reply within second month	
1. BASIC FILING FEE				253 4	75	Extension for reply within third month	
Large Entity Small Entity	on Fee Paid	1254 1,4	180 2	254	40 1	Extension for reply within fourth month	
Fee Fee Fee Fee Pescription Code (\$) Code (\$)	_	1255 2,0	010 2	255 1,	005	Extension for reply within fifth month	
1001 770 2001 385 Utility filing fo	303			2401	165	Notice of Appeal	
1002 340 2002 170 Design filing			1	2402	165	Filing a brief in support of an appeal	
1003 530 2003 265 Plant filing fo			- 1	2403		Request for oral hearing	
1004 770 2004 385 Reissue filin		1451 1,5	- 1	1451 1	510	Petition to institute a public use proceeding	
1005 160 2005 80 Provisional		1	110	2452	55	Petition to revive - unavoidable	
SUBTOTAL (1453 1,3	330	2453	665	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTI	LITY AND REISSUE	1501 1,	1	2501	665	Utility issue fee (or reissue)	
Extra Claim	For Doid	1502	480	2502		Design issue fee	
Total Claims -20** =	×	1503	640	2503		Plant issue fee	
Independent 4 - 3** =	x 43 =43	1460	130	1460		Petitions to the Commissioner	
Multiple Dependent	[] =	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
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1202 18 2202 9 Claims in	excess of 20	1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1201 00 Late Multiple d	ent claims in excess of 3 ependent claim, if not paid	1810	770	2810	385	5 For each additional invention to be examined (37 CFR 1.129(b))	
1200 200 and 40 ** Paissu	e independent claims	i		0001	201	examined (37 CFR 1.129(0)) Request for Continued Examination (RC	E)
over or	ginal patent	1801	770	2801 1802	906		
1205 18 2205 9 ** Reissu and ove	e claims in excess of 20 er original patent	1802	900		50	of a design application	
SUBTOTAL (2	SUBTOTAL (2) (\$) 43 Other fee (specify) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0)		
to a significant point if greater. For Reissues, see above							
(Complete is approximately)							
SUBMITTED BY		R	Peaistra	tion No		Telephone 617-538-0	495

Registration No. Telephone 617-538-0495 **BRIAN HENNESSEY** (Attorney/Agent) Name (Print/Type) 05-14-04 Signature WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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